


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # 703000085088

1. Corporation Name

HSX Enterprises, Inc.

2. Principal Office Address

1034 Kensington

Suite, Apt. #, etc.

3. Mailing Office Address

6017 Pine Ridge Rd

Suite, Apt. #, etc.

12380

City & State

Grosse Pointe Park

City & State

Naples, FL

Zip

48230

Country

USA

Zip

34119

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/05/03

5. FEI Number

02-0697404

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

ADAM RYAN

Street Address (P.O. Box Number is Not Acceptable)

2740 NORTH EAST 6th AVE

Suite, Apt. #, Etc.

City

POMPANO

State

FL

Zip Code

33062

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Adam Ryan
REGISTERED AGENT MUST SIGN

Date

11-15-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KATHRYN HERRON	179 EARL CT	GROSSE POINTE FARMS, MI, 48236
T.S	ROGER SHEREN	179 EARL CT	GROSSE POINTE FARMS MI, 48236

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Sheren

Date

11-15-05 (239) 398-2117

Daytime Phone #

FILED

05 NOV 17 PM 1:20

SECRET
TALLAHASSEE, FLORIDA